| ABSENTEE/MAIL BALLOT APPLICATION SECRETARY OF STATE SFN 51468 (02-2022) For reference, see North Dakota Century Code, Chapter 16.1-07. | | | ffice Use Only ecinct Part | | |
|--|---|--|-------------------------------|--|--|
| Application must be for at least one of the following elections: (check all that apply) | | | | | |
| ☐ June (Primary) election ☐ November (General) election | ☐ City election ☐ School election | Special election | | | |
| Applicant Information: (ALL FIELDS REQUIRED) Voter's name | Date of birth | Daytime tele | ephone number | | |
| North Dakota ID type used: (check one) Driver's license Non-driver's ID Passport (only for voters living outside the United States) or military ID | Long-term care certificate (include with application) | ☐ Tribal ID ☐ Applicant without ID* | | | |
| ID number (required only if driver's license, non-driver's ID, tribal ID, passport, or military ID is selected above) | | | | | |
| Residential address | City | State | ZIP code | | |

Applicant unable to sign:

Signature (required)

Ballot delivery address (if different from residential address)

preceding the election and will be a qualified elector of the precinct.

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|---|--|
| the presence of a disinterested individual. | ant's name, the applicant shall mark \(\subseteq\) or use the applicant's signature stamp on the application in The disinterested individual shall print the name of the individual marking the "X" or using the e and shall sign the disinterested individual's own name following the printed name together with the |
| | Printed name of person making mark or voter's signature stamp |
| Voter's Mark | Signature of "witness to the mark" |

I do solemnly affirm that I have resided or will reside in the precinct where my residential voting address is located for at least 30 days next

City

State

Date

ZIP code

*Applicant without ID:

If the applicant does not possess or cannot secure an approved form of identification due to a disability with which the individual lives and which prevents the individual from traveling to obtain, another qualified elector of the state may attest that the applicant is a qualified elector of that precinct by signing below and providing his or her approved North Dakota identification number. **NOTE:** A qualified elector may not attest the qualifications of more than four applications in an election.

| Printed name of attester | Driver's / non-driver's / tribal ID number | |
|--------------------------|--|--------------------------|
| Signature of attester | Date | Daytime telephone number |

**Active military and overseas voter:

| • | | |
|--|---------------------------|--|
| Check ONE (if applicable): | | |
| ☐ Citizen living outside of the United States | | |
| ☐ Uniformed service or family member living away from the voter's residence, yet within the United States | | |
| ☐ Uniformed service or family member living away from the voter's residence, yet outside the United States | | |
| If one of the check boxes above applies to you, please indicate your preferred ballot delivery method: | | |
| ☐ Mail ☐ Email (provide email address): | Fax (provide fax number): | |